## PHA Plans

5 Year Plan for Fiscal Years 2000 - 2004 Annual Plan for Fiscal Year 2002

## **Bureau County Housing Authority**

NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES

## PHA Plan Agency Identification

PHA Name:	Bureau County Housing Authority
PHA Number:	IL086
PHA Fiscal Year Begin	nning: 04/2002
Public Access to Inform	mation
Information regarding any contacting: (select all that Main administrative PHA development mPHA local offices	office of the PHA
<b>Display Locations For</b>	<b>PHA Plans and Supporting Documents</b>
that apply)  Main administrative PHA development m PHA local offices Main administrative Main administrative	
PHA Plan Supporting Docum  Main business office  PHA development m  Other (list below)	

## 5-YEAR PLAN PHA FISCAL YEARS 2000 - 2004

[24 CFR Part 903.5]

<b>A.</b> M	lission
	e PHA's mission for serving the needs of low-income, very low income, and extremely low-income in the PHA's jurisdiction. (select one of the choices below)
	The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
	The PHA's mission is:
<u>B. G</u>	The mission of the Bureau County Housing Authority is to assist low-income families with safe, decent, and affordable housing opportunities, without discrimination, as they strive to enhance their quality of life. We will also offer voucher rental assistance and related services to our community.
emphas identify PHAS A SUCCI (Quanti	als and objectives listed below are derived from HUD's strategic Goals and Objectives and those sized in recent legislation. PHAs may select any of these goals and objectives as their own, or other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF ESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS. If able measures would include targets such as: numbers of families served or PHAS scores and.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.
HUD housin	Strategic Goal: Increase the availability of decent, safe, and affordable ng.
	PHA Goal: Expand the supply of assisted housing Objectives:  Apply for additional rental vouchers:  Reduce public housing vacancies: By March 2002 to a grade of C Leverage private or other public funds to create additional housing opportunities:  Acquire or build units or developments Other (list below)
	PHA Goal: Improve the quality of assisted housing

Improve public housing management: (PHAS score)

Objectives:

	Improve voucher management: (SEMAP score) Increase customer satisfaction: Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections) Renovate or modernize public housing units: Demolish or dispose of obsolete public housing: Provide replacement public housing: Provide replacement vouchers: Other: (list below)
	PHA Goal: Increase assisted housing choices Objectives:  Provide voucher mobility counseling: Conduct outreach efforts to potential voucher landlords Increase voucher payment standards to 110% FMR Implement voucher homeownership program: Implement public housing or other homeownership programs: Implement public housing site-based waiting lists: Convert public housing to vouchers: Other: (list below)
HUD S	trategic Goal: Improve community quality of life and economic vitality
HUD S	PHA Goal: Provide an improved living environment Objectives:  Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:  Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:  Implement public housing security improvements:  Designate developments or buildings for particular resident groups (elderly, persons with disabilities)  Other: (list below)
⊠ HUD S	PHA Goal: Provide an improved living environment  Objectives:  Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:  Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:  Implement public housing security improvements:  Designate developments or buildings for particular resident groups (elderly, persons with disabilities)

		Increase the number and percentage of employed persons in assisted families:
		Provide or attract supportive services to improve assistance recipients' employability:
		Provide or attract supportive services to increase independence for the
		elderly or families with disabilities. Other: (list below)
HUD	Strateg	ic Goal: Ensure Equal Opportunity in Housing for all Americans
	PHA (	Goal: Ensure equal opportunity and affirmatively further fair housing tives:
		Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
		Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
		Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:  Other: (list below)
Other	РНА С	Goals and Objectives: (list below)
effecti <u>Objec</u>	ive man <u>tive:</u> Ir	Ianage the BCHA's existing public housing program in an efficient and mer thereby qualifying as at least a standard performer under PHAS. mprove our public housing management vacancy score to at least a March 31, 2002.
_	-	o increase our marketing strategy so that we will have a waiting list to

fill our public housing units.

Objective: Maintain BCHA's real estate in decent condition and deliver timely high quality maintenance service to our residents.

PHA Goal: Manage the BCHA's tenant based program in an efficient manner thereby qualifying as at least a standard performer under SEMAP.

Objective: Expand the quality of housing choice available to our tenant based participants by getting the payment standard schedule increased.

Objective: The BCHA shall investigate the establishment of a home ownership program.

## Annual PHA Plan PHA Fiscal Year 2002

[24 CFR Part 903.7]

	Annual Plan Type: t which type of Annual Plan the PHA will submit.
	Standard Plan
Stre	amlined Plan:  High Performing PHA Small Agency (<250 Public Housing Units) Administering Section 8 Only
	Troubled Agency Plan

### ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

The Bureau County Housing Authority has prepared this Agency Plan in compliance with Section 511 of the Housing and Work Responsibility Act (QHWRA) of 1998. Out agency used the U. S. Department of Housing & Urban Development required template. This plan is also consistent with the State of Illinois Consolidation Plan as prepared by the Illinois Housing Development Authority.

The mission of the Bureau County Housing Authority is to assist low-income families with safe, decent, and affordable housing opportunities, without discrimination, as they strive to enhance their quality of life. We will also offer voucher rental assistance and related services to our community.

The Annual Plan is based on the premise that if we accomplish our goals and objectives we will be working toward the achievement of our mission.

The plans, statements, budget summary and policies, etc. set forth in the Annual Plan all lead toward the accomplishment of our goals and objectives. Taken as a whole, they outline a comprehensive approach toward our goals and objectives and are consistent with the Consolidated Plan.

We plan to continue to improve affordable housing, by following our mission statement and obtaining our goals and objectives.

### iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

#### **Table of Contents**

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#### **Attachments**

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

Requir	ed Attachments:
	Admissions Policy for Deconcentration (Not Applicable)
$\boxtimes$	il086a01 Brief Statement of Progress in Meeting the 5-Year Mission and Goals
	Assessment of Site-Based Waiting List Development Demographic Changes (Not
	Applicable)

	FY 2002 Capital Fund Program Annual Statement and 5-Year Action Plan (Not
	Applicable this Fiscal Year)
$\boxtimes$	il086b01 FY 2001 Capital Fund Program Performance and Evaluation Report
$\boxtimes$	il086c01 FY 2000 Capital Fund Program Performance and Evaluation Report
$\boxtimes$	il086d01 FY 1999 Comprehensive Grant Program Performance and Evaluation
	Report
$\boxtimes$	il086e01 FY 1998 Comprehensive Grant Program Performance and Evaluation
	Report
	Section 8 Homeownership Capacity Statement (Not Applicable)
$\boxtimes$	il086f01 Implementation of Public Housing Resident Community Service
	Requirements
	Public Housing Drug Elimination Program (PHDEP) Plan (Not Applicable)
$\boxtimes$	il086g01 Pet Policy Statement
$\boxtimes$	il086h01 Resident Membership of the PHA Governing Board
$\boxtimes$	il086i01 Membership of the Resident Advisory Board
	Most recent board-approved operating budget (Required Attachment for PHAs
	that are troubled or at risk of being designated troubled ONLY) (Not Applicable)
0	ptional Attachments:
$\geq$	il086j01 PHA Management Organizational Chart
	Comments of Resident Advisory Board or Boards (must be attached if not
	included in PHA Plan text)
	Other (List below, providing each attachment name)

#### **Supporting Documents Available for Review**

Indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

	List of Supporting Documents Available for Review					
Applicable &	Supporting Document	Applicable Plan Component				
On Display		1				
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans				
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans				
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives	5 Year and Annual Plans				

List of Supporting Documents Available for Review					
Applicable &	Supporting Document	Applicable Plan Component			
On Display	to affirmatively further fair housing that require the PHA's involvement.				
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI))) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs			
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;			
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies			
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies			
N/A	Public Housing Deconcentration and Income Mixing Documentation:  1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 Quality Housing and Work Responsibility Act Initial Guidance; Notice and any further HUD guidance) and  2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies			
X	Public housing rent determination policies, including the methodology for setting public housing flat rents  check here if included in the public housing A & O Policy	Annual Plan: Rent Determination			
X	Schedule of flat rents offered at each public housing development  check here if included in the public housing A & O Policy	Annual Plan: Rent Determination			
X	Section 8 rent determination (payment standard) policies  check here if included in Section 8  Administrative Plan	Annual Plan: Rent Determination			
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance			
X	Public housing grievance procedures  check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures			
X	Section 8 informal review and hearing procedures  check here if included in Section 8  Administrative Plan	Annual Plan: Grievance Procedures			
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant	Annual Plan: Capital Needs			

List of Supporting Documents Available for Review					
Applicable & On Display	Supporting Document	Applicable Plan Component			
o ii 2 isping	year				
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs			
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs			
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs			
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition			
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing			
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing			
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership			
N/A	Policies governing any Section 8 Homeownership program  check here if included in the Section 8  Administrative Plan	Annual Plan: Homeownership			
X	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency			
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency			
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency			
N/A	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention			
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit			
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs			
	Other supporting documents (optional)	Annual Plan:			
X	Voluntary Conversion Analysis	Component 10			
X	Pet Policy	Component 14			
X X	Community Service Policy Action Plan for the PHAS Resident Survey	Component 12D HUD requirement			
X.	ACHOR FIAR FOR THAS RESIDERL SURVEY	I HOD requirement			

#### 1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

#### A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

Housing Needs of Families in the Jurisdiction							
by Family Type							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca tion
Income <= 30% of AMI	423	5	5	5	N/A	N/A	N/A
Income >30% but <=50% of AMI	297	4	4	3	N/A	N/A	N/A
Income >50% but <80% of AMI	189	3	3	2	N/A	N/A	N/A
Elderly	330	3	2	1	N/A	N/A	N/A
Families with Disabilities							
Race/Ethnicity- White	864	4	4	4	NA	N/A	N/A
Race/Ethnicity- Hispanic	41	5	4	4	N/A	N/A	N/A
Race/Ethnicity							
Race/Ethnicity							

apply;	all materials must be made available for public inspection.)
	Consolidated Plan of the Jurisdiction/s
	Indicate year:
$\boxtimes$	U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS")
	dataset
	American Housing Survey data
	Indicate year:
	Other housing market study
	Indicate year:
	Other sources: (list and indicate year of information)

What sources of information did the PHA use to conduct this analysis? (Check all that

# B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s. Complete one table for each type of PHA-wide waiting list administered by the PHA. PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Н	ousing Needs of Fami	lies on the Waiting Li	st	
	Waiting list type: (select one)			
	Section 8 tenant-based assistance			
Public Housing				
	ion 8 and Public Housi	_		
		sdictional waiting list (	optional)	
If used, identif	y which development/s			
	# of families	% of total families	Annual Turnover	
Waiting list total	22		47	
Extremely low	16	73%		
income <=30% AMI				
Very low income	4	18%		
(>30% but <=50%				
AMI)				
Low income	2	9%		
(>50% but <80%				
AMI)				
Families with	4	18%		
children				
Elderly families	12	55%		
Families with	6	27%		
Disabilities				
Race/ethnicity	20	90%		
White				
Race/ethnicity	1	5%		
Hispanic	_			
Race/ethnicity Black	1	5%		
Race/ethnicity				
,				
Characteristics by				
Bedroom Size				
(Public Housing				
Only)				
1BR	18	82%	N/A	
2 BR	3	13%	N/A	

Housing Needs of Families on the Waiting List				
3 BR	0	0%		
4 BR	1	5%		
5 BR				
5+ BR				
Is the waiting list clos	sed (select one)? N	o Yes		
If yes:	, , , ,	_		
How long has	it been closed (# of mo	nths)?		
		st in the PHA Plan year?		
		ries of families onto the	waiting list, even if	
generally close	ed?  No Yes			
Н	lousing Needs of Fami	lies on the Waiting List	t	
	0	e e		
Waiting list type: (sele	ect one)			
Section 8 tenan	t-based assistance			
Public Housing	•			
	tion 8 and Public Housi	•		
	Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identif	fy which development/s		l , 1m	
	# of families	% of total families	Annual Turnover	
Waiting list total	88		25	
Extremely low	73	83%		
income <=30% AMI				
Very low income	15	17%		
(>30% but <=50%				
AMI)				
Low income	0	0%		
(>50% but <80%				
AMI)				
Families with	78	89%		
children	_			
Elderly families	0	0%		
Families with	16	18%		
Disabilities		_		
Race/ethnicity -	83	94%		
White				
Race/ethnicity -	1	1%		
Hispanic Race/ethnicity -	3	10/2		
L K ace/ethnicity -	i	10/2		

	Housing Needs of Fan	nilies on the Waiting List	t
Black			
Race/ethnicity -	1	1%	
Asian			
		1	
Characteristics b	ру		
Bedroom Size			
(Public Housing			
Only)			
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			
	st closed (select one)?	No T Yes	
If yes:			
_	g has it been closed (# of m	onths)?	
	PHA expect to reopen the		□ No □ Yes
	PHA permit specific category	2	<del></del>
	closed? No Yes		<i>B</i> ,
C. Strategy for Addressing Needs Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list IN THE UPCOMING YEAR, and the Agency's reasons for choosing this strategy.			
J	e of affordable housing for	G 1 1	
its current reso Select all that apply	•		
of public  Reduce t  Reduce t  Seek rep	effective maintenance and re housing units off-line curnover time for vacated putime to renovate public housing lacement of public housing development	ablic housing units	

	Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
	Maintain or increase section 8 lease-up rates by establishing payment standards
	that will enable families to rent throughout the jurisdiction  Undertake measures to ensure access to affordable housing among families
$\boxtimes$	assisted by the PHA, regardless of unit size required Maintain or increase section 8 lease-up rates by marketing the program to owners,
	particularly those outside of areas of minority and poverty concentration  Maintain or increase section 8 lease-up rates by effectively screening Section 8
	applicants to increase owner acceptance of program  Participate in the Consolidated Plan development process to ensure coordination
	with broader community strategies Other (list below)
	gy 2: Increase the number of affordable housing units by:
Select al	т шат арргу
	Apply for additional section 8 units should they become available Leverage affordable housing resources in the community through the creation
	of mixed - finance housing Pursue housing resources other than public housing or Section 8 tenant-based
	assistance.
	Other (list helevy)
	Other: (list below)
Need:	Other: (list below)  Specific Family Types: Families at or below 30% of median
Strates	
Strates	Specific Family Types: Families at or below 30% of median  gy 1: Target available assistance to families at or below 30 % of AMI  l that apply
Strates	Specific Family Types: Families at or below 30% of median  gy 1: Target available assistance to families at or below 30% of AMI  that apply  Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
Strates	Specific Family Types: Families at or below 30% of median  By 1: Target available assistance to families at or below 30 % of AMI  I that apply  Exceed HUD federal targeting requirements for families at or below 30% of AMI  in public housing  Exceed HUD federal targeting requirements for families at or below 30% of AMI  in tenant-based section 8 assistance
Strates	Specific Family Types: Families at or below 30% of median  gy 1: Target available assistance to families at or below 30% of AMI  that apply  Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing  Exceed HUD federal targeting requirements for families at or below 30% of AMI
Strates	Specific Family Types: Families at or below 30% of median  gy 1: Target available assistance to families at or below 30% of AMI  that apply  Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing  Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance  Employ admissions preferences aimed at families with economic hardships
Strateş Select al	Specific Family Types: Families at or below 30% of median  By 1: Target available assistance to families at or below 30% of AMI  I that apply  Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing  Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance  Employ admissions preferences aimed at families with economic hardships  Adopt rent policies to support and encourage work
Strates Select al  Need:	Specific Family Types: Families at or below 30% of median  2y 1: Target available assistance to families at or below 30% of AMI  1 that apply  Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing  Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance  Employ admissions preferences aimed at families with economic hardships Adopt rent policies to support and encourage work  Other: (list below)

	Employ admissions preferences aimed at families who are working Adopt rent policies to support and encourage work Other: (list below)
Need:	Specific Family Types: The Elderly
	gy 1: Target available assistance to the elderly:  l that apply
	Seek designation of public housing for the elderly Apply for special-purpose vouchers targeted to the elderly, should they become available Other: (list below)
Need:	Specific Family Types: Families with Disabilities
	y 1: Target available assistance to Families with Disabilities:
	Seek designation of public housing for families with disabilities Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing Apply for special-purpose vouchers targeted to families with disabilities, should they become available Affirmatively market to local non-profit agencies that assist families with disabilities Other: (list below)
Need: needs	Specific Family Types: Races or ethnicities with disproportionate housing
	gy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs: applicable
	Affirmatively market to races/ethnicities shown to have disproportionate housing needs Other: (list below)
	gy 2: Conduct activities to affirmatively further fair housing
Select al	l that apply

	Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units  Market the section 8 program to owners outside of areas of poverty /minority concentrations  Other: (list below)
Other	Housing Needs & Strategies: (list needs and strategies below)
(2) Re	asons for Selecting Strategies
	factors listed below, select all that influenced the PHA's selection of the strategies
	Funding constraints Staffing constraints
	Limited availability of sites for assisted housing
	Extent to which particular housing needs are met by other organizations in the community
	Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
	Influence of the housing market on PHA programs
	Community priorities regarding housing assistance
	Results of consultation with local or state government
	Results of consultation with residents and the Resident Advisory Board
	Results of consultation with advocacy groups
	Other: (list below)
	atement of Financial Resources
	Part 903.7 9 (b)]
housing Note: the expende the use f improve	financial resources that are anticipated to be available to the PHA for the support of Federal public and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. He table assumes that Federal public housing or tenant based Section 8 assistance grant funds are done eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate for those funds as one of the following categories: public housing operations, public housing capital ments, public housing safety/security, public housing supportive services, Section 8 tenant-based be, Section 8 supportive services or other.

Financial Resources:		
Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2002 grants)		
a) Public Housing Operating Fund	67,800	
b) Public Housing Capital Fund	-0-	

	cial Resources:	
Planned S	Sources and Uses	
Sources	Planned \$	Planned Uses
c) HOPE VI Revitalization	N/A	
d) HOPE VI Demolition	N/A	
e) Annual Contributions for Section	272,147	
8 Tenant-Based Assistance		
f) Public Housing Drug Elimination	N/A	
Program (including any Technical		
Assistance funds)		
g) Resident Opportunity and Self-	N/A	
Sufficiency Grants		
h) Community Development Block	N/A	
Grant		
i) HOME	N/A	
Other Federal Grants (list below)		
2. Prior Year Federal Grants		
(unobligated funds only) (list		
below)		
2000 CFP (IL06P08650100)	26,900	PH Capital
		Improvements
2001 CFP (IL06P08650101)	445,500	PH Capital
		Improvements
3. Public Housing Dwelling Rental		
Income	544,750	DU Oparations
	344,/30	PH Operations
4. Other income (list below)		
Interest Income	49,640	PH Operations
	.,,,,,,,,	· · · · · · · · · · · · · · · · · · ·
4. Non-federal sources (list below)		
Total resources	1,561,137	

# 3. PHA Policies Governing Eligibility, Selection, and Admissions [24 CFR Part 903.7 9 (c)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.
(1) Eligibility
<ul> <li>a. When does the PHA verify eligibility for admission to public housing? (select all that apply)</li> <li>When families are within a certain number of being offered a unit: (state number)</li> <li>When families are within a certain time of being offered a unit: (1 Month)</li> <li>Other: (describe)</li> </ul>
<ul> <li>b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?</li> <li>Criminal or Drug-related activity</li> <li>Rental history</li> <li>Housekeeping</li> <li>Other (describe)</li> </ul>
c. \( \subseteq \text{ Yes } \subseteq \text{ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?} \( \text{d.} \subseteq \text{ Yes } \subseteq \text{ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?} \( \text{e.} \subseteq \text{ Yes } \subseteq \text{ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)} \)

## (2)Waiting List Organization

	Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)
$\boxtimes$	Community-wide list
	Sub-jurisdictional lists
	Site-based waiting lists
	Other (describe)
b.	Where may interested persons apply for admission to public housing?  PHA main administrative office

<ul><li></li></ul>
Applications mailed upon request.
c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection (3) Assignment
1. How many site-based waiting lists will the PHA operate in the coming year?
2. Yes No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  If yes, how many lists?
3. Yes No: May families be on more than one list simultaneously If yes, how many lists?
<ul> <li>4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?</li> <li>PHA main administrative office</li> <li>All PHA development management offices</li> <li>Management offices at developments with site-based waiting lists</li> <li>At the development to which they would like to apply</li> <li>Other (list below)</li> </ul>
(3) Assignment
<ul> <li>a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)</li> <li>One</li> <li>Two</li> <li>Three or More</li> </ul>
b. \( \sum \) Yes \( \sup \) No: Is this policy consistent across all waiting list types?
c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:
(4) Admissions Preferences
a. Income targeting:

Yes No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing families at or below 30% of median area income?	to
b. Transfer policies:  In what circumstances will transfers take precedence over new admissions? (list below Emergencies  Overhoused  Underhoused  Medical justification  Administrative reasons determined by the PHA (e.g., to permit modernization work)  Resident choice: (state circumstances below)  Other: (list below)	
<ul> <li>c. Preferences</li> <li>1. No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection (5) Occupancy)</li> </ul>	er
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)	
Former Federal preferences:  Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)  Victims of domestic violence Substandard housing Homelessness High rent burden (rent is > 50 percent of income)	
Other preferences: (select below)  Working families and those unable to work because of age or disability Veterans and veterans' families Residents who live and/or work in the jurisdiction Those enrolled currently in educational, training, or upward mobility program Households that contribute to meeting income goals (broad range of incomes) Households that contribute to meeting income requirements (targeting) Those previously enrolled in educational, training, or upward mobility programs Victims of reprisels or hate crimes	
Victims of reprisals or hate crimes Other preference(s) (list below)	

each. That means you can use "1" more than once, "2" more than once, etc. Date and Time Former Federal preferences: Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition) Victims of domestic violence Substandard housing Homelessness High rent burden Other preferences (select all that apply) Working families and those unable to work because of age or disability Veterans and veterans' families Residents who live and/or work in the jurisdiction Those enrolled currently in educational, training, or upward mobility programs Households that contribute to meeting income goals (broad range of incomes) Households that contribute to meeting income requirements (targeting) Those previously enrolled in educational, training, or upward mobility programs Victims of reprisals or hate crimes Other preference(s) (list below) 4. Relationship of preferences to income targeting requirements: The PHA applies preferences within income tiers Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements (5) Occupancy a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply) The PHA-resident lease The PHA's Admissions and (Continued) Occupancy policy PHA briefing seminars or written materials Other source (list)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to

b. How often must residents notify the PHA of changes in family composition? (select all that apply)  At an annual reexamination and lease renewal  Any time family composition changes  At family request for revision  Other (list)			
(6) Deconcentration	and Inco	ome Mixing	
*		ollowing questions are being subsing this Agency Plan template.)	tituted for the
a.   Yes   No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.			
b. Yes No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.			
If yes, list these developments as follows:			
	Deconce	entration Policy for Covered Developme	nts
Development Name:	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)((iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]
B. Section 8 Exemptions: PHAs that Unless otherwise specif	developn do not admir ied, all ques	nty Housing Authority has only onent.  nister section 8 are not required to completitions in this section apply only to the term of the te	te sub-component 3B. nant-based section 8

## (1) Eligibility

<ul> <li>a. What is the extent of screening conducted by the PHA? (select all that apply)</li> <li>Criminal or drug-related activity only to the extent required by law or regulation</li> <li>Criminal and drug-related activity, more extensively than required by law or regulation</li> </ul>
More general screening than criminal and drug-related activity (list factors below)  Other (list below)
b. X Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
c. Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
d. \( \subseteq \subseteq  No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
<ul> <li>e. Indicate what kinds of information you share with prospective landlords? (select all that apply)</li> <li>Criminal or drug-related activity</li> <li>Other (describe below)</li> </ul>
(2) Waiting List Organization
<ul> <li>a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)</li> <li>None</li> </ul>
Federal public housing Federal moderate rehabilitation
Federal project-based certificate program Other federal or local program (list below)
<ul> <li>b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)</li> <li>PHA main administrative office</li> <li>Other (list below)</li> <li>Applications are mailed upon request.</li> </ul>

(3) Search Time
a. X Yes No: Does the PHA give extensions on standard 60-day period to search for a unit?
If yes, state circumstances below:  30 days when requested by applicant
(4) Admissions Preferences
a. Income targeting
Yes No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?
b. Preferences  1. Yes No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent (5) Special purpose section 8 assistance programs)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)
Former Federal preferences  Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)  Victims of domestic violence  Substandard housing  Homelessness  High rent burden (rent is > 50 percent of income)
Other preferences (select all that apply)  Working families and those unable to work because of age or disability  Veterans and veterans' families  Residents who live and/or work in your jurisdiction  Those enrolled currently in educational, training, or upward mobility programs  Households that contribute to meeting income goals (broad range of incomes)  Households that contribute to meeting income requirements (targeting)  Those previously enrolled in educational, training, or upward mobility programs  Victims of reprisals or hate crimes

Other preference(s) (list below)
3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.
1 "1" Date and Time
Former Federal preferences Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition) Victims of domestic violence Substandard housing Homelessness High rent burden
Other preferences (select all that apply)  Working families and those unable to work because of age or disability Veterans and veterans' families Residents who live and/or work in your jurisdiction Those enrolled currently in educational, training, or upward mobility programs Households that contribute to meeting income goals (broad range of incomes) Households that contribute to meeting income requirements (targeting) Those previously enrolled in educational, training, or upward mobility programs Victims of reprisals or hate crimes Other preference(s) (list below)
<ul> <li>4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)</li> <li>Date and time of application</li> <li>Drawing (lottery) or other random choice technique</li> </ul>
<ul> <li>5. If the PHA plans to employ preferences for "residents who live and/or work in the jurisdiction" (select one)</li> <li>This preference has previously been reviewed and approved by HUD</li> <li>The PHA requests approval for this preference through this PHA Plan</li> </ul>

6. Relationship of preferences to income targeting requirements: (select one)
The PHA applies preferences within income tiers
Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements
meonie targeting requirements
(5) Special Purpose Section 8 Assistance Programs
<ul> <li>a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)</li> <li>The Section 8 Administrative Plan</li> <li>Briefing sessions and written materials</li> </ul>
Other (list below)
b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?
Through published notices
Other (list below)
4. PHA Rent Determination Policies [24 CFR Part 903.7 9 (d)]
A. Public Housing
Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.
(1) Income Based Rent Policies
Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.
a. Use of discretionary policies: (select one)
The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))
or
or
Or

	The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)
b. Miı	nimum Rent
1. Wha	at amount best reflects the PHA's minimum rent? (select one) \$0 \$1-\$25 \$26-\$50
2.	Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?
3. If ye	es to question 2, list these policies below:
c. Re	nts set at less than 30% than adjusted income
1.	Yes No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?
-	es to above, list the amounts or percentages charged and the circumstances under tich these will be used below:
	ich of the discretionary (optional) deductions and/or exclusions policies does the IA plan to employ (select all that apply)  For the earned income of a previously unemployed household member For increases in earned income  Fixed amount (other than general rent-setting policy)  If yes, state amount/s and circumstances below:
	Fixed percentage (other than general rent-setting policy) If yes, state percentage/s and circumstances below:
	For household heads For other family members For transportation expenses For the non-reimbursed medical expenses of non-disabled or non-elderly families Other (describe below)

e. (	Ceiling rents
1.	Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)
	Yes for all developments Yes but only for some developments No
2.	For which kinds of developments are ceiling rents in place? (select all that apply)
	For all developments For all general occupancy developments (not elderly or disabled or elderly only) For specified general occupancy developments For certain parts of developments; e.g., the high-rise portion For certain size units; e.g., larger bedroom sizes Other (list below)
3.	Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)
	Market comparability study Fair market rents (FMR) 95 <sup>th</sup> percentile rents 75 percent of operating costs 100 percent of operating costs for general occupancy (family) developments Operating costs plus debt service The "rental value" of the unit Other (list below)
f.	Rent re-determinations:
1.	Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)  Never  At family option  Any time the family experiences an income increase  Any time a family experiences an income increase above a threshold amount or
	percentage: (if selected, specify threshold) \$50.00 a Month Other (list below)

g.   Yes   No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?
(2) Flat Rents
<ol> <li>In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)         <ul> <li>The section 8 rent reasonableness study of comparable housing</li> <li>Survey of rents listed in local newspaper</li> <li>Survey of similar unassisted units in the neighborhood</li> <li>Other (list/describe below)</li> <li>Fair Market Rents</li> </ul> </li> </ol>
B. Section 8 Tenant-Based Assistance
Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).
(1) Payment Standards
Describe the voucher payment standards and policies.
a. What is the PHA's payment standard? (select the category that best describes your standard)
At or above 90% but below100% of FMR  100% of FMR
Above 100% but at or below 110% of FMR
Above 110% of FMR (if HUD approved; describe circumstances below)
b. If the payment standard is lower than FMR, why has the PHA selected this standard?
(select all that apply)  FMRs are adequate to ensure success among assisted families in the PHA's
segment of the FMR area
The PHA has chosen to serve additional families by lowering the payment standard
Reflects market or submarket Other (list below)

(select all tha	nt standard is higher than FMR, why has the PHA chosen this level? It apply) It apply) It apply are not adequate to ensure success among assisted families in the PHA's of the FMR area It market or submarket It assesses to be a submarket as a submarket assesses to be a submarket as a s
Annually Annually	re payment standards reevaluated for adequacy? (select one) st below)
standard? (so Success Rent bur	will the PHA consider in its assessment of the adequacy of its payment elect all that apply) rates of assisted families dens of assisted families st below)
(2) Minimum F	<u>Rent</u>
a. What amoun  \$0 \$1-\$25 \$26-\$50	t best reflects the PHA's minimum rent? (select one)
b. 🗌 Yes 🔀 1	No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)
<b>5. Operation</b> [24 CFR Part 903.7	s and Management
	component 5: High performing and small PHAs are not required to complete this only PHAs must complete parts A, B, and C(2)
A PHA Mana	gement Structure
	s management structure and organization.
(select one)	

$\boxtimes$	An organization chart showing the PHA's management structure and organization
	is attached. Attachment il086j01
	A brief description of the management structure and organization of the PHA
	follows:

#### **B. HUD Programs Under PHA Management**

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

Units or Families Served at Year Beginning	Expected Turnover
234	47
66	18
N/A	
30	6
N/A	
N/A	
N/A	
	Served at Year Beginning  234  66  N/A  30  N/A  N/A

#### C. Management and Maintenance Policies

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

(1) Public Housing Maintenance and Management: (list below)

Admissions & Occupancy Policy Grievance Procedure Dwelling Lease **Rent Collection Policy One-Strike Policy Maintenance Policy Procurement Policy Personnel Policy Pet Policy Community Service Policy Capitalization Policy Unit Transfer Policy Drug Free Work Place Policy Criminal Activity Policy Travel Policy** 

(2) Section 8 Management: (list below)

**Section 8 Administrative Plan** 

#### **6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section

## 8-Only PHAs are exempt from sub-component 6A. A. Public Housing 1. \(\sum \) Yes \(\sum \) No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing? If yes, list additions to federal requirements below: 2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply) PHA main administrative office PHA development management offices Other (list below)

#### **B.** Section 8 Tenant-Based Assistance

1. Yes No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:		
<ul> <li>2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)</li> <li>PHA main administrative office</li> <li>Other (list below)</li> </ul>		
7. Capital Improvement Needs [24 CFR Part 903.7 9 (g)] Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may		
skip to Component 8.		
A. Capital Fund Activities		
Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.		
(1) Capital Fund Program Annual Statement Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template <b>OR</b> , at the PHA's option, by completing and attaching a properly updated HUD-52837.		
Select one:  The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name) -or-		
The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)		
Bureau County Housing Authority will not be participating in the Capital Fund Program in the upcoming fiscal year.		
(2) Optional 5-Year Action Plan		
Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template <b>OR</b> by completing and attaching a properly updated HUD-52834.		
a.  Yes No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)		
b. If yes to question a, select one:  The Capital Fund Program 5-Year Action Plan is provided as an attachment to the		
PHΔ Plan at Δttachment (state name		

If yes, list developments or activities below:

8. Demolition and Disposition		
[24 CFR Part 903.7 9 (h)]		
Applicability of component 8: Section 8 only PHAs are not required to complete this section.		
1. Yes No:	Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to component 9; if "yes", complete one activity description for each development.)	
2. Activity Description		
Yes No:	Has the PHA provided the activities description information in the <b>optional</b> Public Housing Asset Management Table? (If "yes", skip to component 9. If "No", complete the Activity Description table below.)	
	<b>Demolition/Disposition Activity Description</b>	
1a. Development nam		
1b. Development (project) number:		
2. Activity type: Demolition Disposition		
3. Application status (select one)		
Approved		
Submitted, pending approval		
Planned application		
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)		
5. Number of units affected:		
6. Coverage of action (select one)		
Part of the development		
Total development		
7. Timeline for activity:		
a. Actual or projected start date of activity:		
b. Projected end date of activity:		
9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities  [24 CFR Part 903.7 9 (i)]  Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.		

1. ☐ Yes ⊠ No:	Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If "No", skip to component 10. If "yes", complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)
2. Activity Description	on
Yes No:	Has the PHA provided all required activity description information for this component in the <b>optional</b> Public Housing Asset Management Table? If "yes", skip to component 10. If "No", complete the Activity Description table below.
Des	signation of Public Housing Activity Description
1a. Development nam	ne:
1b. Development (pro	pject) number:
2. Designation type:	
1 0	only the elderly
	families with disabilities
	only elderly families and families with disabilities
3. Application status	
	cluded in the PHA's Designation Plan
	nding approval
Planned appli	
	ion approved, submitted, or planned for submission: (DD/MM/YY)
	his designation constitute a (select one)
New Designation	
	viously-approved Designation Plan?
6. Number of units a	
7. Coverage of actio	
Part of the develor Total development	•
rotal developme	.11

### 10. Conversion of Public Housing to Tenant-Based Assistance [24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

	Reasonable Revitalization Pursuant to section 202 of the HUD D Appropriations Act
1. ☐ Yes ⊠ No:	Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)
2. Activity Descripti	on
Yes No:	Has the PHA provided all required activity description information for this component in the <b>optional</b> Public Housing Asset Management Table? If "yes", skip to component 11. If "No", complete the Activity Description table below.
	version of Public Housing Activity Description
1a. Development nar	
1b. Development (pr	<b>y</b> /
	of the required assessment?
	ent underway
=	ent results submitted to HUD
	ent results approved by HUD (if marked, proceed to next
question	
U Otner (ex	(xplain below)
3. Yes No: 1	Is a Conversion Plan required? (If yes, go to block 4; if no, go to
	ion Plan (select the statement that best describes the current
status)	
Conversi	on Plan in development
	on Plan submitted to HUD on: (DD/MM/YYYY)
	on Plan approved by HUD on: (DD/MM/YYYY)
Activities	s pursuant to HUD-approved Conversion Plan underway
5. Description of ho than conversion (sele	w requirements of Section 202 are being satisfied by means other
	dressed in a pending or approved demolition application (date

	submitted or approved:  Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved:  Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved:  Requirements no longer applicable: vacancy rates are less than 10 percent Requirements no longer applicable: site now has less than 300 units  Other: (describe below)		
B. Re	served for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937		
Com	oonent 10 (B) Voluntary Conversion Initial Assessments		
•	UD guidance, the following questions are being inserted from HUD's website is Agency Plan template.)		
a.	. How many of the PHA's developments are subject to the Required Initial Assessments?		
	One		
b.	How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)?		
	Three		
c.	How many Assessments were conducted for the PHA's covered developments?		
	One		
d.	Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:		
	Development Name Number of Units		
	None		

e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments: Not Applicable  The Voluntary Conversion Analysis is a Supporting Document to this Annual Plan.		
	- · · · · · · · · · · · · · · · · · · ·	
C. Reserved for Co	onversions pursuant to Section 33 of the U.S. Housing Act of 1937	
<b>11. Homeowner</b> [24 CFR Part 903.7 9 (k	rship Programs Administered by the PHA	
A. Public Housing Exemptions from Comp	onent 11A: Section 8 only PHAs are not required to complete 11A.	
1. ☐ Yes ⊠ No:	Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If "No", skip to component 11B; if "yes", complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to <b>small PHA</b> or <b>high performing PHA</b> status. PHAs completing streamlined submissions may skip to component 11B.)	
2. Activity Descript	tion	
Yes No:	Has the PHA provided all required activity description information for this component in the <b>optional</b> Public Housing Asset Management Table? (If "yes", skip to component 12. If "No", complete the Activity Description table below.)	
Pul	blic Housing Homeownership Activity Description (Complete one for each development affected)	
1a. Development na		
1b. Development (pr	•	
2. Federal Program a	authority.	
<u> </u>	EV 2002 Annual Dian Daga 25	

☐ 5(h)		
Turnkey I		
Section 32 of the USHA of 1937 (effective 10/1/99)		
3. Application status:		
	l; included in the PHA's Homeownership Plan/Program	
	d, pending approval	
	application	
(DD/MM/YYYY)	hip Plan/Program approved, submitted, or planned for submission:	
5. Number of units a		
6. Coverage of actio		
Part of the develo	•	
Total developmen	<u>nt</u>	
B. Section 8 Tena	ant Based Assistance	
1		
1. Yes No:	Does the PHA plan to administer a Section 8 Homeownership	
	program pursuant to Section 8(y) of the U.S.H.A. of 1937, as	
	implemented by 24 CFR part 982? (If "No", skip to component	
	12; if "yes", describe each program using the table below (copy and complete questions for each program identified), unless the	
	PHA is eligible to complete a streamlined submission due to high	
	performer status. <b>High performing PHAs</b> may skip to	
	component 12.)	
	r. r.	
2. Program Descripti	on:	
a. Size of Program		
☐ Yes ☐ No:	Will the PHA limit the number of families participating in the	
	section 8 homeownership option?	
If the answer	to the question above was yes, which statement best describes the	
	rticipants? (select one)	
	fewer participants	
26 - 50 participants		
51 to 100 participants		
more than 100 participants		
<u> </u>		
b. PHA-establis <b>b</b> d el	igibility criteria	
Yes No: Will the PHA's program have eligibility criteria for participation in its		
	ection 8 Homeownership Option program in addition to HUD	
	riteria?	
If	Yes, list criteria below:	

#### 12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (1)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

A. PHA Co	oordination with the Welfare (TANF) Agency
	tive agreements:  No: Has the PHA has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?
	If yes, what was the date that agreement was signed? <u>03/02/01</u>
Clie Info: othe Coo. prog Join Parts Othe Othe	ordination efforts between the PHA and TANF agency (select all that apply) nt referrals rmation sharing regarding mutual clients (for rent determinations and rwise) rdinate the provision of specific social and self-sufficiency services and grams to eligible families thy administer programs her to administer a HUD Welfare-to-Work voucher program to administration of other demonstration program er (describe)  s and programs offered to residents and participants
<u>(1) (</u>	<u>General</u>
Whi enha	elf-Sufficiency Policies ch, if any of the following discretionary policies will the PHA employ to unce the economic and social self-sufficiency of assisted families in the owing areas? (select all that apply) Public housing rent determination policies Public housing admissions policies Section 8 admissions policies Preference in admission to section 8 for certain public housing families Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA Preference/eligibility for public housing homeownership option participation

Preference/eligibility for section 8 homeownership option participation

Other policies	(list below)	1		
b. Economic and Soc	ial self-suff	iciency programs		
to res	enhance the sidents? (If	e economic and so "yes", complete t nent 2, Family Se	note or provide any pocial self-sufficiency he following table; if self Sufficiency Prograered to facilitate its u	of "no" skip ms. The
	Serv	rices and Program	ms	
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
(2) Family Self Sufficiency participation Description  Fam		ciency (FSS) Partici	ipation	
Program	Required Number of Participants (start of FY 2002 Estimate)		Actual Number of Participants (As of: DD/MM/YY)	
Public Housing		,		,
Section 8				
by HUI the PH size?	D, does the A plans to t	most recent FSS	inimum program size Action Plan address t least the minimum pr elow:	the steps

#### C. Welfare Benefit Reductions

Hou	PHA is complying with the statutory requirements of section 12(d) of the U.S. using Act of 1937 (relating to the treatment of income changes resulting from fare program requirements) by: (select all that apply)  Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies  Informing residents of new policy on admission and reexamination  Actively notifying residents of new policy at times in addition to admission and reexamination.  Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services  Establishing a protocol for exchange of information with all appropriate TANF agencies  Other: (list below)
	served for Community Service Requirement pursuant to section 12(c) of the ousing Act of 1937
0.0.11	The of the orange of the orang
Attach	ment il086f01
13 D	HA Safety and Crime Prevention Measures
	R Part 903.7 9 (m)]
Section	ions from Component 13: High performing and small PHAs not participating in PHDEP and 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.
A. Ne	ed for measures to ensure the safety of public housing residents
1. Des	scribe the need for measures to ensure the safety of public housing residents (select
_all t	hat apply)
	High incidence of violent and/or drug-related crime in some or all of the PHA's developments
	High incidence of violent and/or drug-related crime in the areas surrounding or
	adjacent to the PHA's developments Residents fearful for their safety and/or the safety of their children
H	Observed lower-level crime, vandalism and/or graffiti
	People on waiting list unwilling to move into one or more developments due to
	perceived and/or actual levels of violent and/or drug-related crime
$\bowtie$	Other (describe below)  Investigation reveals no crime related safety concerns.
	investigation reveals no crime related safety concerns.

2.	What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).
	Safety and security survey of residents Analysis of crime statistics over time for crimes committed "in and around" public housing authority Analysis of cost trends over time for repair of vandalism and removal of graffiti Resident reports PHA employee reports Police reports Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs Other (describe below)
3.	Which developments are most affected? (list below)  All developments have minimal problems.
	Crime and Drug Prevention activities the PHA has undertaken or plans to dertake in the next PHA fiscal year
	List the crime prevention activities the PHA has undertaken or plans to undertake: lect all that apply)  Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities  Crime Prevention Through Environmental Design  Activities targeted to at-risk youth, adults, or seniors  Volunteer Resident Patrol/Block Watchers Program  Other (describe below)  The Authority has intergovernmental agreements with the City of Princeton and City of Spring Valley Police Departments for implementation of the  "Criminal Activity Policy."
2.	Which developments are most affected? (list below) All developments are affected.
C.	Coordination between PHA and the police
	Describe the coordination between the PHA and the appropriate police precincts for rying out crime prevention measures and activities: (select all that apply)
	Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan

Police provide crime data to housing authority staff for analysis and action Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence) Police regularly testify in and otherwise support eviction cases Police regularly meet with the PHA management and residents Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services Other activities (list below)  Which developments are most affected? (list below) All developments are affected.
<b>D.</b> Additional information as required by PHDEP/PHDEP Plan PHAs eligible for FY 2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.
Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
Yes No: This PHA Plan?  Yes No: This PHDEP Plan for FY 2002 in this PHA Plan?  Yes No: This PHDEP Plan is an Attachment. (Attachment Filename:)
14. RESERVED FOR PET POLICY
[24 CFR Part 903.7 9 (n)]
Attachment il086g01
15. Civil Rights Certifications [24 CFR Part 903.7 9 (o)]
Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.
16. Fiscal Audit [24 CFR Part 903.7 9 (p)]
1. Yes No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U S.C. 1437c(h))? (If no, skip to component 17.)
<ul> <li>2. Yes No: Was the most recent fiscal audit submitted to HUD?</li> <li>3. Yes No: Were there any findings as the result of that audit?</li> <li>4. Yes No: If there were any findings, do any remain unresolved?</li> </ul>
If yes, how many unresolved findings remain?

5. Yes No: Have responses to any unresolved findings been submitted to HUD?  If not, when are they due (state below)?
17. PHA Asset Management
[24 CFR Part 903.7 9 (q)]
Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.
1. Yes No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have <b>not</b> been addressed elsewhere in this PHA Plan?
<ul> <li>2. What types of asset management activities will the PHA undertake? (select all that apply)</li> <li>Not applicable</li> <li>Private management</li> <li>Development-based accounting</li> <li>Comprehensive stock assessment</li> <li>Other: (list below)</li> </ul>
3.  Yes No: Has the PHA included descriptions of asset management activities in the <b>optional</b> Public Housing Asset Management Table?
18. Other Information [24 CFR Part 903.7 9 (r)]
A. Resident Advisory Board Recommendations
1. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
<ul> <li>2. If yes, the comments are: (if comments were received, the PHA MUST select one)</li> <li>Attached at Attachment (File name)</li> <li>Provided below:</li> </ul>
3. In what manner did the PHA address those comments? (select all that apply)

	Considered comments, but determined that no changes to the PHA Plan were necessary.  The PHA changed portions of the PHA Plan in response to comments List changes below:		
	Other: (list below)		
B. De	scription of Elec	ction process for Residents on the PHA Board	
1. 🔀 🤇	Yes No:	Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)  Attachment il086h01	
2.	Yes No:	Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to subcomponent C.)	
3. Des	scription of Resid	lent Election Process	
a. Non	Candidates were Candidates coul	dates for place on the ballot: (select all that apply) e nominated by resident and assisted family organizations d be nominated by any adult recipient of PHA assistance a: Candidates registered with the PHA and requested a place on	
b. Elig	Any head of hou Any adult recipi	(select one) FPHA assistance usehold receiving PHA assistance ent of PHA assistance per of a resident or assisted family organization	
c. Elig	assistance)	ect all that apply) ents of PHA assistance (public housing and section 8 tenant-based of all PHA resident and assisted family organizations	

C.	Statement of	Consistency	with the	<b>Consolidated Plan</b>

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Co	nsolidated Plan jurisdiction: State of Illinois, County of Bureau
	e PHA has taken the following steps to ensure consistency of this PHA Plan with Consolidated Plan for the jurisdiction: (select all that apply)
	The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.  The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.  The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.  Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
	Other: (list below)
4. The	e Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

#### D. Other Information Required by HUD

Use this section to provide any additional information requested by HUD.

#### A. Substantial Deviation from the 5-year Plan:

Substantial deviations from the 5-year Plan occur when the Board of Commissioners decides that it wants to change the mission statement, goals or objectives of the 5-year plan.

#### B. Significant Amendment or Modification to the Annual Plan:

Significant amendments or modifications to the Annual Plan are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the plans of the agency and which require formal approval of the Board of Commissioners.

#### **Attachments**

Use this section to provide any additional attachments referenced in the Plans.

il086a01 Brief Statement of Progress in Meeting the 5-Year Mission and Goals

il086b01 FY 2001 Capital Fund Program Performance and Evaluation Report

il086c01 FY 2000 Capital Fund Program Performance and Evaluation Report

il086d01 FY 1999 Comprehensive Grant Program Performance and Evaluation Report

il086e01 FY 1998 Comprehensive Grant Program Performance and Evaluation Report

il086f01 Implementation of Public Housing Resident Community Service Requirements

il086g01 Pet Policy Statement

il086h01 Resident Membership of the PHA Governing Board

il086i01 Membership of the Resident Advisory Board

il086j01 PHA Management Organizational Chart

### **Attachment C**

Ann	ual Statement/Performance and Evalua	ation Report								
Cap	ital Fund Program and Capital Fund P	rogram Replacei	ment Housing Factor (	CFP/CFPRHF)	Part I: Summary					
_	Name:	Grant Type and N			Federal FY of Grant:					
	<b>Bureau County Housing Authority</b>		gram Grant No: IL06 P08	6 501 00	2000					
	g									
	Replacement Housing Factor Grant No:  Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:									
	erformance and Evaluation Report for Period									
Line	Summary by Development Account		Estimated Cost		nl Actual Cost					
No.	v v 1									
		Original	Revised	Obligated	Expended					
1	Total non-CFP Funds									
2	1406 Operations									
3	1408 Management Improvements	20,094	20,094	0	0					
4	1410 Administration	1,000	1,028	1,028	1,028					
5	1411 Audit									
6	1415 Liquidated Damages									
7	1430 Fees and Costs	65,000	51,058	51,058	18,933					
8	1440 Site Acquisition									
9	1450 Site Improvement	46,000	23,294	23,294	0					
10	1460 Dwelling Structures	305,650	342,270	327,675	0					
11	1465.1 Dwelling Equipment—Nonexpendable									
12	1470 Nondwelling Structures									
13	1475 Nondwelling Equipment									
14	1485 Demolition									
15	1490 Replacement Reserve									
16	1492 Moving to Work Demonstration									
17	1495.1 Relocation Costs									
18	1499 Development Activities									
19	1501 Collaterization or Debt Service									
20	1502 Contingency									
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$ 437,744	\$ 437,744	\$ 403,055	\$ 19,961					

Ann	Annual Statement/Performance and Evaluation Report									
Capi	Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary									
PHA	Name:	<b>Grant Type and Nun</b>	iber		Federal FY of Grant:					
	<b>Bureau County Housing Authority</b>	Capital Fund Progra	m Grant No: IL06 P08	86 501 00	2000					
	Replacement Housing Factor Grant No:									
Or	Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:									
⊠Pe	Performance and Evaluation Report for Period Ending: 9/30/01 Final Performance and Evaluation Report									
Line	Summary by Development Account	Total Esti	mated Cost	Total Actual Cost						
No.										
		Original	Revised	Obligated	Expended					
22	Amount of line 21 Related to LBP Activities	0	0	0						
23	Amount of line 21 Related to Section 504 compliance	0								
24	Amount of line 21 Related to Security – Soft Costs	0								
25	Amount of Line 21 Related to Security – Hard Costs	0								
26	Amount of line 21 Related to Energy Conservation	0								
	Measures									

PHA Name:  Bureau County Housing Authority		Grant Type and I	Number		Federal FY of Grant: 2000			
			gram Grant No: <b>IL</b> Ising Factor Grant N					
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Esti	mated Cost	Total Ac	Total Actual Cost	
				Original	Revised	Funds Obligated	Funds Expended	
IL86-1, Original Hi-Rise Spring Valley	Floor tile and base replacement. 1460 71 units 25,000 <b>35,797 35,797</b>	0	Contract awarded as lump sum contract 6/12/01					
	Floor tile and base replacement in community kitchens, laundry rooms and community baths	1460	2,303 S.F.	15,000	25,706	25,706	0	
	Install vanities in resident units	1460	71 units	30,000	39,042	39,042	0	" "
	Carpet replacement in corridors	1460	7 floors	20,000	20,000	20,000	0	" "
	Insulate water pipes in handicapped resident kitchen and lavatory sinks. *DELETED	1460	6 units	700	0	0	0	DELETED
	Install visual fire alarms in resident units, corridors, stairwells, public restrooms and public areas.(DELETED)	1460	L.S.	16,000	0	0	0	DELETED
	Replace storage room light fixtures with covered type. *DELETED	1460	25 ea.	3,500	0	0	0	DELETED
	Replace management office door for 504 accessibility.	1460	1 ea.	450	450	0	0	Pending bid decision
	New Replacement Windows	1460	71 units	0	89,275	75,130	0	C.0. (Traco Windows)

PHA Name:		Grant Type and N		Federal FY of Grant: 2000				
<b>Bureau County Housing Authority</b>			gram Grant No: <b>IL</b> sing Factor Grant N					
Development Number Name/HA-Wide Activities  General Description of Major Work Categories		Dev. Acct No.	O. Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Seal and Re-stripe parking lot.	1450	L.S.	20,000	13,294	13,294	0	Complete
	Install shelter for residents. * DELETED	1450	1	7,500	0	0	0	DELETED
	Subtotal			138,150	226,564	208,969	0	

PHA Name:		Grant Type and N	Number		Federal FY of Grant:			
Bureau	County Housing Authority		gram Grant No: <b>IL</b>		2000			
		Replacement Hou	sing Factor Grant N	lo:				
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IL86-3, Original Hi-Rise Princeton	Floor tile and base replacement in resident units, including removal of asbestos material.	1460	104 units	56,315	56,315	56,315	0	Contract Awarded 6/12/01
	Floor tile and base replacement in community kitchens, laundry rooms and community baths	1460	2,572 S.F.	19,000	19,000	19,000	0	cc cc
	Carpet replacement in corridors	1460	7 floors	20,000	20,000	20,000	0	" "
	Install fire-rated walls & ceilings 1 <sup>st</sup> floor trash room. ( <b>DELETED</b>	1460	Lot	3,000	0	0	0	DELETED
	Install visual fire alarms.(DELETED)	1460	L.S.	40,000	0	0	0	DELETED
	Seal and Re-stripe parking lot.	1450	L.S.	6,000	6,000	6,000	0	Contract Awarded 6/12/01
	Subtotal			128,000	101,315	101,513	0	
IL 86-2, Family Units	Install canopy over front entrance to units.	1460	22 units	30,000	35,000	35,000	0	Contract Awarded 6/12/01
	Sidewalk replacement at 3 <sup>rd</sup> St site (DELETED)	1450	L.S.	6,000	0	0	0	DELETED
	Subtotal			36,000	35,000	35,000	0	

PHA Name:		Grant Type and N		Federal FY of Grant:				
Bureau	Bureau County Housing Authority		ram Grant No: $\mathbf{IL}$ ing Factor Grant N		2000			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IL86-4, New HI- Spring Valley	Install visual fire alarms in resident units, corridors, stairwells, public restrooms and public areas.(DELETED)	1460	L.S.	26,000	0	0	0	DELETED
	Replace electric outlets at sinks with GFI devices.	1460	56 units	5,000	1,685	1,685	0	A/E design
	Replace shelving in 504 units. (DELETED)	1460	6 units	2,000	0	0	0	DELETED
	Replacement medicine cabinets with adjustable mirrors. (DELETED)	1460	6 units	5,000	0	0	0	DELETED
	Replace uncovered light fixtures in boiler and mechnical room.  *DELETED	1460	L.S.	500	0	0	0	DELETED
	Seal and Re-stripe parking lot.	1450	L.S.	20,000	4,000	4,000	0	Contract Awarded 6/12/01
	Subtotal			49,500	5,685	5,685	0	

PHA Name:		Grant Type and N	Number		Federal FY of Grant: 2000			
Bureau	Bureau County Housing Authority		gram Grant No: <b>IL</b> sing Factor Grant N	.06 P086 501 ( No:				
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HAWIDE	Management Improvements – update computer systems, copiers, software, computer training, preventative maintenance training.	1408	L.S.	20,094	20,094	0	0	Awaiting Completion of Construction Contract Work
FEES & COSTS	Asbestos Consultant	1430. 2	1 year	5,000	958	958	958	Asbestos Testing
	Comp Grant Consultant	1430. 2	1 year	25,000	25,000	25,000	0	Obligated 4/4/01
	A/E Fees – preparation of bid documents & inspections.		1 year	35,000	25,100	25,100	17,975	Obligated 3/27/01
	Advertisement for bid document and Capital Fund Annual Statement preparation.	1410	L.S.	1,000	1,028	1,028	1,028	Complete
<u> </u>	Subtotal			86,094	52,086	52,086	19,961	
	TOTAL			\$437,744	\$437,744	\$403,055	\$19,961	

# Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule

PHA Name:		Grant	Type and Nur	nber		Federal FY of Grant:		
Bureau County Hou	<b>Bureau County Housing Authority</b>		tal Fund Progra acement Housir	m No: <b>IL06 P08</b> ag Factor No:	86 501 00	2000		
Development Number Name/HA-Wide Activities		Fund Obligater Ending D			ll Funds Expended uarter Ending Date		Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
IL 86-1,Original Hi-Rise Spring Valley	3/31/2002			12/31/2003				
IL 86-2, Family Units Spring Valley	3/31/2002			12/31/2003				
IL 86-3, Original Hi-Rise Princeton	3/31/2002			12/31/2003				
IL 86-4, New Hi-Rise Spring Valley	3/31/2002			12/31/2003				

### **Attachment B**

Ann	ual Statement/Performance and Evalu	ation Report					
Capi	ital Fund Program and Capital Fund I	Program Replacemer	nt Housing Factor (	CFP/CFPRHF) P	art I: Summary		
PHA N		Grant Type and Number					
Bure	au County Housing Authority	Capital Fund Program Grant N	To: IL06 P086 501 01		2001		
		Replacement Housing Factor (					
	ginal Annual Statement Reserve for Disasters/ Emo			)			
⊠Per	formance and Evaluation Report for Period Ending:		ance and Evaluation Repor				
Line	Summary by Development Account	Total Estin	nated Cost	Total	Actual Cost		
No.							
	m . 1	Original	Revised	Obligated	Expended		
1	Total non-CFP Funds						
2	1406 Operations						
3	1408 Management Improvements	30,000		0	0		
4	1410 Administration	1,000		0	0		
5	1411 Audit						
6	1415 Liquidated Damages	17.000					
7	1430 Fees and Costs	65,000		0	0		
8	1440 Site Acquisition						
9	1450 Site Improvement	20,000		0	0		
10	1460 Dwelling Structures	276,673		0	0		
11	1465.1 Dwelling Equipment—Nonexpendable	55,000		0	0		
12	1470 Nondwelling Structures						
13	1475 Nondwelling Equipment						
14	1485 Demolition						
15	1490 Replacement Reserve						
16	1492 Moving to Work Demonstration						
17	1495.1 Relocation Costs						
18	1499 Development Activities						
19	1501 Collaterization or Debt Service						
20	1502 Contingency	0.445.652					
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$ 447,673		0	0		
22	Amount of line 21 Related to LBP Activities						

Ann	ual Statement/Performance and Evalua	tion Report								
Cap	ital Fund Program and Capital Fund P	rogram Replaceme	nt Housing Factor (	(CFP/CFPRHF) Pa	rt I: Summary					
PHA N	Jame:	<b>Grant Type and Number</b>			Federal FY of Grant:					
Bure	au County Housing Authority	Capital Fund Program Grant I	No: <b>IL06 P086 501 01</b>		2001					
	Replacement Housing Factor Grant No:									
☐ <b>O</b> ri	☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no: )									
⊠Per	formance and Evaluation Report for Period Ending: 9	/30/01 ☐Final Perform	ance and Evaluation Repor	·t						
Line	Summary by Development Account	Total Esti	mated Cost	Total A	Actual Cost					
No.										
		Original	Revised	Obligated	Expended					
23	Amount of line 21 Related to Section 504 compliance	7,000		0	0					
24	Amount of line 21 Related to Security – Soft Costs									
25	Amount of Line 21 Related to Security – Hard Costs	103, 673		0	0					
26	Amount of line 21 Related to Energy Conservation Measures									

PHA Name: Bureau County Housing Authority		Grant Type and	Number		Federal FY of Grant:			
			gram Grant No: <b>IL0</b> using Factor Grant No		)1			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IL 86-1/Original Hi-Rise Spring Valley	Install audio-visual fire alarms in apts. & all public areas.	1460	71 units & 8 floors	30,000		0	0	Pending A/E Contract
	Building shelter, replace light fixtures and insulate pipes.	1460	Lump Sum	12,000		0	0	دد دد
	Install new front security doors; locks and cameras. Replace mail boxes.	1460	Lump Sum	40,000		0	0	ει ιι
IL 86-1 & IL 86-4 Spring Valley Hi- Rise & New Hi- Rise	Resurface parking lot entrance alley at 415 W. Erie Street.	1450	Lump Sum	10,000		0	0	In-House A/E Services Anticipated
	Install Central Air Conditioning in Duplexes and Window A/C Units in Townhouse buildings.	1465. 1	22 units	55,000		0	0	Pending A/E Contract
IL 86-3/Original Hi-Rise Princeton	Install audio-visual fire alarms in apts. and all public areas. Install fire rated wall & ceiling in 1 <sup>st</sup> floor trash room.	1460	105 units & six floors	54,000		0	0	
	Install Emergency Generator	1460	1 unit	70,000		0	0	<b>دد دد</b>

PHA Name: Bureau County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06 P086 501 01 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001					
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended			
IL 86-3: Continued	Install new front security doors, locks and cameras	1460	1 <sup>st</sup> Floor	36,673		0	0	Pending A/E Contract		
	Landscaping	1450	Lump Sum	10,000		0	0	In-House A/E design anticipated		
IL 86-4/New Hi- Rise Spring Valley	Replace shelving and medicine cabinets in handicapped units	1460	5 units	7,000		0	0	Use of Force Account labor anticipated		
	Install new front security door, locks and new cameras.	1460	1 <sup>st</sup> floor	27,000		0	0	Pending A/E Contract		
HA WIDE	Computer hardware & software upgrade.	1408	Lump Sum	30,000		0	0	In-house RFP Anticipated		
	Advertisements	1410	Lump Sum	1,000		0	0	A/E Services solicited 9/1/01		

PHA Name: <b>Bureau County Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: IL06 P086 501 01				Federal FY of Grant:		
			Replacement Housing Factor Grant No:				2001	
Development Number Name/HA-Wide Activities  General Description of Major Work Categories		Dev. Acct No. Quantity		Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	A/E Fees – Bid Documents & Inspections	1430.	1 year	40,000		0	0	Awaiting Receipt of Contract Price Proposals
	CFP Consultant Services	1430.	1 year	25,000		0	0	Awaiting completion of CFP 50100 work
	Total			\$447,673		0	0	

Part III: Implementation Schedule

PHA Name:	PHA Name:		Grant Type and Number				Federal FY of Grant:			
Bureau Co	<b>Bureau County Housing Authority</b>		Capital Fund Program Replacement Housing	Grant No: <b>IL06</b>	P086 501 01				2001	
Development Number Name/HA-Wide Activities			Obligated nding Date)	racioi Giant No.				Expended ding Date)	Reasons for Rev	rised Target Dates
	Original	Rev	ised	Actual	Original	Rev	ised	Actual		
HA WIDE	3/31/03				9/30/03					

### Required Attachment A: Statement of Progress in Meeting the 5-Year Plan Mission and Goals

Bureau County Housing Authority Fiscal Year 2002 Annual Plan

### The following table reflects the progress we have made in achieving our goals and objectives:

Goal One: Expand the supply of assisted housing					
Objective	Progress				
Reduce public housing vacancies by March	As of 8/01, we are at 7% actual vacancy rate,				
2002 to a grade of C	resulting in a grade of C under PHAS.				

Goal Two: Improve the quality of assisted housing				
Objective	Progress			
Improve public housing management	Management staff has attended various training. Maintenance staff provides timely responses to work orders. We continue to update our buildings/units with the CFP. We have remained fiscally sound and provide			
	ongoing services to clients.			
Increase customer satisfaction	The Authority received high scores in "Services" and "Maintenance & Repair" in the RASS survey.			

Goal Three: Increase assisted housing choices					
Objective Progress					
Increase voucher payment standards to 110%	Voucher payment standards have been				
FMR	increased to 110% of FMR.				

Goal Four: Provide an improved living environment					
Objective Progress					
Implement public housing security	The Authority is in the process of installing				
improvements	front door keyless entry systems at the three				
_	high rises.				

Goal Five: Promote self-sufficiency and asset development of assisted households				
Objective Progress				
Provide or attract supportive services to	Two local agencies (Alternatives for the			
increase independence for the elderly or	Elderly and the Department of Rehabilitation)			
families with disabilities	provide supportive services to the elderly and			
	families with disabilities.			

Goal Six: Effective and efficient housing management, resulting in, at a minimum,					
standard performer designation.					
Objective	Progress				
Improve our public housing management	As of 8/01, we are at 7% actual vacancy rate,				
vacancy score to at least a grade of C by March	resulting in a grade of C under PHAS.				
31, 2002					
Increase our marketing strategy so that we will have a waiting list to fill our public housing units	We continue advertising the availability of our units and communicating the same to several local service providers. However, this still has				
	not had much of an impact in increasing our waiting list.				
Maintain BCHA's real estate in decent condition and deliver timely high quality maintenance service to our residents	The Authority continues to use the CFP to update the buildings/units. The Authority received a high score in "Maintenance and Repair" under the RASS survey.				

Goal Seven: Manage the BCHA's tenant based program in an efficient manner thereby qualifying as at least a standard performer under SEMAP.					
Objective	Progress				
Expand the quality of housing choice available	Voucher payment standards have been				
to our tenant based participants by getting the	increased to 110% of FMR.				
payment standard schedule increased.					
The BCHA shall investigate the establishment	BCHA has investigated homeownership				
of a home ownership program.	programs currently available and has				
	determined that it is not financially feasible at				
	this time.				

### **Attachment D**

Ann	ual Statement/Performance and Evalu	ation Report				
Cap	ital Fund Program and Capital Fund I	Program Replacem	ent Housing Factor	(CFP/CFPRHF)	Part I: Summary	
PHA N	lame:	Grant Type and Number			Federal FY of Grant:	
Bure	au County Housing Authority	Capital Fund Program Grar	nt No: <b>IL06 P086 707 99</b>			
		Replacement Housing Fact			1999	
Ori	ginal Annual Statement Reserve for Disasters/ Emergen	cies Revised Annual State	ement (revision no: )		, I	
⊠Per	formance and Evaluation Report for Period Ending: 9/30/01	Final Performance and l	Evaluation Report			
Line	Summary by Development Account	Total Esti	mated Cost	Tota	l Actual Cost	
No.		0.1.1	<b>.</b>	0111 4 1		
1	T. 1 CERT 1	Original	Revised	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations					
3	1408 Management Improvements	1,000,00	765.10	765.10	765.10	
4	1410 Administration	1,000.00	765.19	765.19	765.19	
5	1411 Audit					
7	1415 Liquidated Damages	60,000,00	50.075.12	50.075.12	50.075.12	
,	1430 Fees and Costs	60,000.00	59,875.13	59,875.13	59,875.13	
8	1440 Site Acquisition					
9	1450 Site Improvement	401 410 00	401.760.60	401.760.60	401.760.60	
10	1460 Dwelling Structures	401, 410.00	401,769.68	401,769.68	401, 769.68	
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment 1485 Demolition					
14						
15	1490 Replacement Reserve					
16 17	1492 Moving to Work Demonstration 1495.1 Relocation Costs					
18						
19	1499 Development Activities 1501 Collaterization or Debt Service					
20	1501 Contagency					
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$462,410.00	\$462,410.00	\$462,410.00	\$462,410.00	
<i>L</i> 1	Amount of Amuai Grant. (sum of fines 2 – 20)	\$ <del>4</del> 02, <del>4</del> 10.00	\$ <del>4</del> 02,410.00	\$402,410.00	Φ <del>4</del> 02,410.00	

Annual Statement/Performance and Evaluation Report								
Capi	ital Fund Program and Capital Fund <mark>I</mark>	Program Replaceme	ent Housing Factor	(CFP/CFPRHF) Pa	rt I: Summary			
PHA N	ame:	<b>Grant Type and Number</b>			Federal FY of Grant:			
Bure	au County Housing Authority	Capital Fund Program Gran	t No: <b>IL06 P086 707 99</b>					
		Replacement Housing Factor	or Grant No:		1999			
	ginal Annual Statement Reserve for Disasters/ Emergen	cies Revised Annual State	ment (revision no: )					
⊠ Per	formance and Evaluation Report for Period Ending: 9/30/01	Final Performance and E	Evaluation Report					
Line	Summary by Development Account Total Estimated Cost Total Actual Cost							
No.	0.							
		Original	Revised	Obligated	Expended			
22	Amount of line 21 Related to LBP Activities							
23	Amount of line 21 Related to Section 504 compliance							
24	24 Amount of line 21 Related to Security – Soft Costs							
25	Amount of Line 21 Related to Security – Hard Costs							
26	Amount of line 21 Related to Energy Conservation							
	Measures							

PHA Name:		Grant Type and	Number	Federal FY of Grant:				
Bureau County Housing Authority		Capital Fund Pro	ogram Grant No: <b>II</b>	1999				
	·		ousing Factor Grant					
		Dev. Acct No.	Dev. Acct No. Quantity Total Estimated Cost		Total Actual Cost		Status of Work	
Activities				Original	Revised	Funds Obligated	Funds Expended	
IL 86-1/Original Hi- Rise Spring Valley	Roof Replacement & asbestos testing.	1460	67 squares	45,000	44,642.24	44,642.24	44,642.24	Complete
	Air Handling Equipment Replacement	1460	1 unit	35,000	35,000.00	35,000.00	35,000.00	Complete
	Boiler Equipment Replacement	1460	2 boilers	55,000	55,000.00	55,000.00	55,000.00	Complete
	Hot Water Heater Replacement	1460	2 HW heaters	0	5,140.00	5,140.00	5,140.00	Complete
IL 86-3/Original Hi- Rise Princeton	Roof Replacement	1460	120 squares	75,000	80,919.00	80,919.00	80,919.00	Complete
	Air Handling Equipment Replacement	1460	1 unit	35,000	35,000.00	35,000.00	35,000.00	Complete
	Boiler Replacement	1460	2 boilers	55,000	55,000.00	55,000.00	55,00.00	Complete
	Floor Tile Replacement – Deleted	1460	63 units	23,410	0	0	0	DELETED
	Zone Valves – Material	1460	Lump Sum	0	1,895.68	1,895.68	1,895.68	Complete
	Zone Valves Installation Resident Units	1460	105 units	0	4,050.00	4,050.00	4,050.00	Complete
IL 86-4/New Hi- Rise Spring Valley	Roof Replacement	1460	54 squares	48,000	39,872.76	39,872.76	39,872.76	Complete
	Air Handling Equipment Replacement – Deleted	1460	1 unit	30,000	0	0	0	Deleted
	Subtotal			401,410	410,769.68	401,769.68	401,769.68	

Part II:	Supporting	g Pages

PHA Name:		Grant Type and	Number		Federal FY of Grant: 1999			
Bureau	<b>County Housing Authority</b>	Capital Fund Pro	ogram Grant No: $f I$	L06 P086 707				
		Replacement Ho	ousing Factor Gran	t No:				
Development Number Name/HA-Wide Activities	Number Categories Name/HA-Wide		Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
Fees/Costs	A/E Fees – bid documents & inspections	1430.1	1 year	39,350	39,174.65	39,174.65	39,174.65	Complete
	Comp Grant Consultant Fees	1430.2	1 year	20,650	20,700.48	20,700.48	20,700.48	Complete
	Subtotal			60,000	59,875.13	59,875.13	59,875.13	
	Advertisement for bidding & CGP Plans	1410	1 year	1,000	765.19	765.19	765.19	Complete
	TOTAL			\$462.410	\$462,410.00	\$462,410.00	\$462,410.00	
	TOTAL			\$462,410	\$402,410.00	\$402,410.00	\$402,410.00	

# Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule

PHA Name:			Type and Nu	nber		Federal FY of Grant:		
Bureau County Housing Authority		Capi	tal Fund Progr	am No: <b>IL06 P</b> 0	86 707 99	1999		
		Repl	acement Hous	ing Factor No:				
Development Number		Fund Obligat			All Funds Expended	Reasons for Revised Target Dates		
Name/HA-Wide (Quarter En			ate)	(Quarter Ending Date)				
	Original	Revised	Actual	Original	Revised	Actual		
IL 86-1/Original Hi-Rise Spring Valley	3/31/01		3/31/01	12/31/02		9/30/01		
IL 86-3/Original Hi-Rise Princeton	3/31/01		3/31/01	12/31/02		9/30/01		
IL 86-4/New Hi-Rise Spring Valley	3/31/01		3/31/01	12/31/02		9/30/01		

### Attachment E

Ann	ual Statement/Performance and Evaluation	ation Report				
Cap	ital Fund Program and Capital Fund P	rogram Replacement	Housing Factor (C	FP/CFPRHF) Pa	rt I: Summary	
PHA N	<u> </u>	Grant Type and Number	8 (	,	Federal FY of Grant:	
	<b>Bureau County Housing Authority</b>	Capital Fund Program Grant No.	: IL06 P086 706 98		1998	
	· · ·	Replacement Housing Factor Gr				
	iginal Annual Statement □Reserve for Disasters/ Eme					
	formance and Evaluation Report for Period Ending: 9		e and Evaluation Report			
Line	Summary by Development Account	Total Estima	nted Cost	<b>Total Actual Cost</b>		
No.		Ontainal	Davisad	Ohlimatad	E and ad	
1	Total non-CFP Funds	Original	Revised	Obligated	Expended	
2	1406 Operations					
3	1408 Management Improvements		+			
4	1410 Administration	1,000.00	492.00	492.00	492.00	
5	1410 Administration 1411 Audit	1,000.00	492.00	492.00	492.00	
6	1411 Audit 1415 Liquidated Damages					
7	1430 Fees and Costs	42,900.96	42,915.96	42,915.96	41,025.94	
8	1440 Site Acquisition	42,900.90	42,913.90	42,913.90	41,023.94	
9	1450 Site Improvement					
10	1460 Dwelling Structures	239,682.66	239,667.66	239,667.66	232,276.44	
11	1465.1 Dwelling Equipment—Nonexpendable	100,615.38	100,615.38	100,615.38	100,615.38	
12	1470 Nondwelling Structures	100,012.30	100,013.30	100,013.50	100,012.30	
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1499 Development Activities					
19	1501 Collaterization or Debt Service					
20	1502 Contingency					
21	Amount of Annual Grant: (sum of lines 2 – 20)	383,691.00	383, 691.00	383,691.00	374,409.76	
22	Amount of line 21 Related to LBP Activities			•		

Annual Statement/Performance and Evaluation Report									
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary									
PHA N	ame:	Grant Type and Number		Federal FY of Grant:					
	<b>Bureau County Housing Authority</b>	Capital Fund Program Gran		1998					
		Replacement Housing Facto							
	☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no: )								
⊠Per	Performance and Evaluation Report for Period Ending: 9/30/01 Final Performance and Evaluation Report								
Line	e Summary by Development Account Total Estimated Cost Total Actual Cost								
No.									
		Original	Revised	Obligated	Expended				
23	23 Amount of line 21 Related to Section 504 compliance								
24	Amount of line 21 Related to Security – Soft Costs								
25	Amount of Line 21 Related to Security – Hard Costs			·					
26	Amount of line 21 Related to Energy Conservation Measures			<u> </u>					

# Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages

PHA Name:		Grant Type and Number				Federal FY of Grant:		
Bureau	County Housing Authority	Capital Fund Progr			1998			
	1	Replacement Hous						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IL 86-1/Original Hi-Rise Spring Valley	Window System Replacement	1460	71 units	204,854.90	204,839.00	204,839.90	197,439.68	75 % complete
	Window A/C units in residents units.	1465. 1	71 units	26,280.00	26,280.00	26,280.00	26,280.00	Complete
	Install A/C in community spaces/offices	1465. 1	1 floor	3,919.25	3,919.25	3,919.25	3,919.25	Complete
IL 86-3/Original Hi-Rise Princeton	Install A/C units in residents units	1465. 1	105 units	39,421.00	39,421.00	39,421.00	39,421.00	Complete
	A/C covers for a/c units	1465. 1	105 units	3,245.13	3,245.13	3,245.13	3,245.13	Complete
	Install A/C in community spaces/offices	1465. 1	1st floor	4,055.00	4,055.00	4,055.00	4,055.00	Complete
IL 86-4/New Hi- Rise Spring Valley	Carpet replacement in corridors	1460	7 floors	15,750.00	15,750.00	15,750.00	15,750.00	Complete
	Window Modifications for A/C units	1460	56 units	19,077.76	19,077.76	19,077.76	19,077.76	Complete
	Window A/C units in resident units.	1465. 1	56 units	21,170.00	21,170.00	21,170.00	21,170.00	Complete

## Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name:		Grant Type and N			Federal FY of Grant: 1998			
Bureau	County Housing Authority	Capital Fund Progr Replacement Hous						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	A/C covers for A/C units.	1465. 1	56 units	2,275.00	2,275.00	2,275.00	2,275.00	Complete
	A/C units in laundry room.	1465. 1	1 room	250.00	250.00	250.00	250.00	Complete
	A/E Fees	1430. 1	1 year	20,641.00	20,656.00	20,656.00	18,765.98	91% complete
	CGP Consultant Services	1430. 2	1 year	22,259.96	22,259.96	22,259.96	22,259.96	Complete
	Advertisement							
	Subtotal							
	TOTAL			\$383,691.00	\$383,691.00	\$383,691.00	\$374,409.76	

## Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part III: Implementation Schedule

PHA Name:		Gran	t Type and Nun	nber		Federal FY of Grant:		
<b>Bureau County Housing Authority</b>			Capital Fund Program No: <b>IL06 P086 706 98</b> Replacement Housing Factor No:				1998	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
IL 86-1/Original Hi-Rise Spring Valley	3/31/2000		3/31/2000	3/31/2001	12/31/01		HUD approved a time extension due to original window supplier going bankrupt.	
IL 86-3/Original Hi-Rise Princeton	3/31/2000		3/31/2000	3/31/2001	3/31/2001			
IL 86-4/New Hi-Rise Spring Valley	3/31/2000		3/31/2000	3/31/2001	3/31/2001			

### **Required Attachment F: Implementation of Public Housing Resident Community Service Requirements**

Bureau County Housing Authority Fiscal Year 2002 Annual Plan

### CONTINUED OCCUPANCY AND COMMUNITY SERVICE

### **GENERAL**

In order to be eligible for continued occupancy, each adult family member must either (1) contribute eight hours per month of community service (not including political activities), or (2) participate in an economic self-sufficiency program, or (3) perform eight hours per month of combined activities as previously described unless they are exempt from this requirement.

#### **EXEMPTIONS**

The following adult family members of tenant families are exempt from this requirement:

- A. Family member who are 62 or older.
- B. Family members who are blind or disabled as defined under 216(I)(1) or 1614 of the Social Security Act (42 U.S.C. 416(I)(1) and who certifies that because of this disability she or he is unable to comply with the community service requirement.
- C. Family members who are the primary care giver for someone who is blind or disabled as set forth in Paragraph B above.
- D. Family members engaged in work activity.
- E. Family members who are exempt from work activity under part A title IV of the Social Security Act or under any other State welfare program, including the welfare-to-work program.
- F. Family members receiving assistance, benefits or services under a State program funded under part A title IV of the Social Security Act or under any other State welfare program, including welfare-to-work and who are in compliance with that program.

### NOTIFICATION OF THE REQUIREMENT

The Bureau County Housing Authority shall identify all adult family members who are apparently not exempt from the community service requirement.

The Bureau County Housing Authority shall notify all such family members of the community service requirement and of the categories of individuals who are exempt from the requirement. The notification will provide the opportunity for family members to claim and explain an exempt status. The Bureau County Housing Authority shall verify such claims

The notification will advise families that their community service obligation will begin upon the effective date of their first annual reexamination or after April 1, 2001. For families paying a flat rent, the obligation begins on the date their annual reexamination would have been effective had an annual reexamination taken place. It will also advise them that failure to comply with the community service requirement will result in ineligibility for continued occupancy at the time of any subsequent annual reexamination.

### **VOLUNTEER OPPORTUNITIES**

Community service includes performing work or duties in the public benefit that serve to improve the quality of life and/or enhance resident self-sufficiency, and/or increase the self-responsibility of the resident within the community.

An economic self sufficiency program is one that is designed to encourage, assist, train or facilitate the economic independence of participants and their families or to provide work for participants. These programs may include programs for job training, work placement, basic skills training, education, English proficiency, work fare, financial or household management, apprenticeship, and any program necessary to ready a participant to work (such as substance abuse or mental health treatment).

The Bureau County Housing Authority will coordinate with social service agencies, local schools and the Human Resources Office in identifying a list of volunteer community service positions.

Together with the resident advisory councils, the Bureau County Housing Authority may create volunteer positions such as hall monitoring, litter patrols and supervising and record keeping for volunteers.

### THE PROCESS

At the first annual reexamination on or after April 1, 2001, and each annual reexamination thereafter, the Bureau County Housing Authority will do the following:

- A. Provide a list of volunteer opportunities to the family members.
- B. Provide information about obtaining suitable volunteer positions.
- C. Provide a volunteer time sheet to the family member. Instructions for the time sheet require the individual to complete the form and have a supervisor date and sign for each period of work.

- D. Assign family members to a volunteer coordinator who will assist the family members in identifying appropriate volunteer positions and in meeting their responsibilities. The volunteer coordinator will track the family member's progress monthly and will meet with the family member as needed to best encourage compliance.
- E. Thirty (30) days before the family's next lease anniversary date, the volunteer coordinator will advise the Bureau County Housing Authority whether each applicable adult family member is in compliance with the community service requirement.

### NOTIFICATION OF NON-COMPLIANCE WITH COMMUNITY SERVICE REQUIREMENT

The Bureau County Housing Authority will notify any family found to be in noncompliance of the following:

- A. The family member(s) has been determined to be in noncompliance;
- B. That the determination is subject to the grievance procedure; and
- C. That, unless the family member(s) enter into an agreement to comply, the lease will not be renewed or will be terminated;

### **OPPORTUNITY FOR CURE**

The Bureau County Housing Authority will offer the family member(s) the opportunity to enter into an agreement prior to the anniversary of the lease. The agreement shall state that the family member(s) agrees to enter into an economic self-sufficiency program or agrees to contribute to community service for as many hours as needed to comply with the requirement over the past 12-month period. The cure shall occur over the 12-month period beginning with the date of the agreement and the resident shall at the same time stay current with that year's community service requirement. The first hours a resident earns go toward the current commitment until the current year's commitment is made.

The volunteer coordinator will assist the family member in identifying volunteer opportunities and will track compliance on a monthly basis.

If any applicable family member does not accept the terms of the agreement does not fulfill their obligation to participate in an economic self-sufficiency program, or falls behind in their obligation under the agreement to perform community service, the Bureau County Housing Authority shall take action to terminate the lease.

### PROHIBITION AGAINST REPLACEMENT OF AGENCY EMPLOYEES

In implementing the service requirement, the Bureau County Housing Authority may not substitute community service or self-sufficiency activities performed by residents for work ordinarily performed by its employees, or replace a job at any location where residents perform activities to satisfy the service requirement.

### Required Attachment H: Resident Member on the PHA Governing Board

**Bureau County Housing Authority** Fiscal Year 2002 Annual Plan

1. Yes No:	Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)
A. Name of resident m	nember(s) on the governing board:
Elect	ent board member selected: (select one)? red pinted
C. The term of appoin	tment is (include the date term expires):
assisted by the	erning board does not have at least one member who is directly PHA, why not? the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board. Other (explain):
B. Date of next ter	m expiration of a governing board member: May, 2002

- C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

John Brokaw, County Board Chairman

At this time a resident has not been appointed to the Board of Commissioners. We are currently exempt as we have less than 300 units.

Each year, however, the Resident Advisory Board is notified that an appointment is made in May by John Brokaw, the County Board Chairman. The Resident Advisory Board is asked to talk among the residents and put forth any names of parties interested in serving. Up to this point no resident name has been put forth.

### **Required Attachment G: Brief Description of Pet Policy**

Bureau County Housing Authority Fiscal Year 2002 Annual Plan

### PET POLICY FAMILY UNITS

- 1. In order to provide a decent, safe and sanitary living environment for current or prospective residents and to preserve the physical condition of the buildings the Bureau County Housing Authority, in conjunction with the Resident Advisory Board, adopted reasonable pet rules. The major item covered here and the complete policy in our Agency Plan Book in section 14.
- 2. The permitted pets in Family Units are domesticated dogs, cats, birds, turtles and fish. The adult weight for a dog or cat may not exceed 20 pounds. An aquarium shall not exceed 15 gallons.
- 3. The application for the pet must be accompanied by:
  - a. A current pet license issued by city or county.
  - b. Evidence by a veterinarian stating that the animal is in good health, is spayed or neutered and has received current rabies or distemper inoculation as applicable.
  - c. A signed statement by two (2) sponsors who would be available to take or care for the pet if the owner is unable to.
  - d. A copy of their renter's property or liability insurance policy.
  - e. A non-refundable damage deposit of \$200.00 for a dog or cat.
- 4. Some other items include number of pets allowed; disposing of waste properly; no outside cages or runs allowed; a section on disturbing the neighbor; and finally a tenant who receives three (3) letters on pet violation will be grounds for eviction.

### Required Attachment I: Membership of the Resident Advisory Board or Boards

Bureau County Housing Authority Fiscal Year 2002 Annual Plan

i. List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

The membership of the Resident Advisory Board was elected by the other members of their building or project. We have a total of seven (7) members on the advisory board. Two each from the two (2) elderly Hi-Rises, one (1) from our family project, one (1) from our FMHA Section 515 project, and one (1) representing our Voucher program.

Resident Advisory Board Members are as follows:

Lupe Bantista, Vice Chairperson 419 West Erie Street #319 Spring Valley IL 61362 815-664-4078

Agnes Ross 500 South Main Street, 305 Princeton IL 61356 815-872-0759

Ralph Faber, Secretary/Treasurer 444 South Church Street #506 Princeton IL 61356 815-879-9022

Mary Crowley 415 West Erie Street, #306 Spring Valley IL 61362 815-664-4776 LeRoy Groff 525 South Church Street Princeton IL 61356 815-872-1086

Elmer McCullough 444 South Church Street, 205 Princeton, IL 61356 (No Phone)

Gerry Trillet, Chairperson 209 East Third Street, H-1 Spring Valley IL 61362 815-664-4394

### **Attachment J: Organizational Chart**

Bureau County Housing Authority Fiscal Year 2002 Annual Plan

### BUREAU COUNTY HOUSING AUTHORITY 444 SOUTH CHURCH STREET PRINCETON, IL 61356 815/879-8106

### **ORGANIZATIONAL CHART**

